1246262

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per response16.00						

SEC USE ONLY				
Prefix		Serial		
DA	TE RECEIVE	ED		

025084	UNIFORM	LIMITED OFFER	ING EXEMP	TION	
* · L	eck if this is an amendment a	nd name has changed, and incemption Plan	licate change.)		
Filing Under (Check box(es) Type of Filing:   New	that apply): X Rule 50 Filing Amendment	4 Rule 505 Rule 506	Section 4(6)	ULOE	
		A. BASIC IDENTIFICATI	ON DATA		
1. Enter the information r	equested about the issuer				
	if this is an amendment and	name has changed, and indica	te change.)		
Address of Executive Office	<u> </u>	(Number and Street, City, Salem, VA 24	State, Zip Code)	Telephone Numbe	er (Including Area Code) -5992
Address of Principal Busine (if different from Executive	ss Operations	(Number and Street, City	, State, Zip Code)		er (Including Area Code)
Brief Description of Busine  Medical Pra	ss Holding Compa actice Group	ny For			
Type of Business Organizat  corporation business trust	☐ limited pa	rtnership, already formed	other (pl	lease specify):	PROCESSE
	f Incorporation or Organization or Organization	Month Year on: [0]4 [0]0 [7] o-letter U.S. Postal Service ab	Actual Estim		JUN 25 2003 THOMSON
CENERAL INSTRUCTIO	CN for	Canada; FN for other foreign		VA	FINANCIAL

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DAT	Å
Enter the information requested for the following:	agent a second and an artist of the contract o
• Each promoter of the issuer, if the issuer has been organized within the past five year	s;
• Each beneficial owner having the power to vote or dispose, or direct the vote or dispositi	ion of, 10% or more of a class of equity securities of the issue
Each executive officer and director of corporate issuers and of corporate general and it	managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Offic	er Director General and/or
Za zaconito o mo	Managing Partner
ull Name (Last name first, if individual)	en e
Ness, Jon	Company and the second
Business or Residence Address (Number and Street, City, State, Zip Code)	
1802 Braeburn Drive, Salem, VA 24153	
Check Box(es) that Apply: Promoter Beneficial Owner 🖫 Executive Offic	er 🗖 Director 🗌 General and/or Managing Partner
ull Name (Last name first, if individual)	
Till, Jonathan  Business or Residence Address (Number and Street, City, State, Zip Code)	
1802 Braeburn Drive, Salem, VA 24153	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Office	cer 🛛 Director 🗍 General and/or
	Managing Partner
Full Name (Last name first, if individual)	and the second s
Hunter, Roberta	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1802 Braeburn Drive, Salem, VA 24153	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Office	cer 🛛 Director 🗌 General and/or Managing Partner
Full Name (Last name first, if individual)	
Camden, Daniel Business or Residence Address (Number and Street, City, State, Zip Code)	
1802 Braeburn Drive, Salem, VA 24153	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	cer 👿 Director 🗍 General and/or
Enternal Designation of Excessive one	Managing Partner
Full Name (Last name first, if individual)	
Hartman, David	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1802 Braeburn Drive, Salem, VA 24153	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	cer 👿 Director 🔲 General and/or Managing Partner
Full Name (Last name first, if individual)	
Keilman, David  Business or Residence Address (Number and Street, City, State, Zip Code)	
1802 Braeburn Drive, Salem, VA 24153	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	icer 📆 Director 🗌 General and/or Managing Partner
Full Name (Last name first, if individual)	
Patolia, Harsukh	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1802 Braeburn Drive, Salem, VA 24153	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Sales   Sale			A. BASIC IDEN	NTIFICATION DATA			
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership passuers.  Eck Box(es) that Apply:				hin the past five years;			
Each general and managing partner of partnership issuers.    Cock Box(es) that Apply:			•	-	•		• •
eck Box(es) that Apply:			_	orporate general and man	aging partners of p	artnersi	nip issuers; and
Managing Partner    Managing Partner   Managing Partner			_	☐ Evecutive Officer	Director		ieneral and/or
Plate F. Marc siness or Residence Address (Number and Street, City, State, Zip Code)  802 Braeburn Drive, Salem, VA 24153  seck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Ill Name (Last name first, if individual)  siness or Residence Address (Number and Street, City, State, Zip Code)  suck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Ill Name (Last name first, if individual)  susiness or Residence Address (Number and Street, City, State, Zip Code)  sheck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  all Name (Last name first, if individual)  susiness or Residence Address (Number and Street, City, State, Zip Code)  sheck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  ull Name (Last name first, if individual)  susiness or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Fill Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Fill Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	leek box(es) that Apply.		Belieficial Owlief	Excessive officer	X Birector		
siness or Residence Address (Number and Street, City, State, Zip Code)  8202 Braeburn Drive, Salem, VA 24153  seek Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Ill Name (Last name first, if individual)  stiness or Residence Address (Number and Street, City, State, Zip Code)  seek Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Ill Name (Last name first, if individual)  susiness or Residence Address (Number and Street, City, State, Zip Code)  sheek Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  all Name (Last name first, if individual)  susiness or Residence Address (Number and Street, City, State, Zip Code)  sheek Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  util Name (Last name first, if individual)  susiness or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  sull Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)	all Name (Last name first, if it	ndividual)					
Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner   M	Platt, Marc	Olymber and St	trant City State 7:- Co.	40)			
leck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Name (Last name first, if individual)			•	16)			
usiness or Residence Address (Number and Street, City, State, Zip Code)    Director   General and/or Managing Partner	heck Box(es) that Apply:			Executive Officer	Director		
heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner      Name (Last name first, if individual)     Promoter   Beneficial Owner   Executive Officer   Director   General and/or   Managing Partner	ull Name (Last name first, if i	ndividual)			<del></del>		· · · · · · · · · · · · · · · · · · ·
Managing Partner    Managing Partner	Susiness or Residence Address	(Number and S	treet, City, State, Zip Co	de)			
usiness or Residence Address (Number and Street, City, State, Zip Code)  heck Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Will Name (Last name first, if individual)      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner      Promoter	ull Name (Last name first, if	individual)					
Managing Partner    Managing Partner	Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)	<u> </u>		
Susiness or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Bull Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if	individual)					
Managing Partner  Tull Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)			
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if	individual)					
Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)			· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if	individual)	1				
Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	ss (Number and	Street, City, State, Zip C	Code)			
Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	r Director		
	Full Name (Last name first, i	f individual)					
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)			
		(Use bla	ank sheet, or copy and us	e additional copies of this	s sheet, as necessar	y)	

					B. IN	FORMATIO	ON ABOUT	OFFERIN	G				
1.	Has the i	squer sold	or does the	e issuer int	end to sell	to non-ac	credited in	vectors in	this offerin	ug?		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							••••••	X.	L				
2. What is the minimum investment that will be accepted from any individual?								\$ <u>1,000</u>					
3.	Does the	offering n	ermit ioint	ownershin	of a single	e unit?						Yes	No <b>K</b>
4.										<b>A</b> J			
Ful	l Name (L	ast name f	irst, if indiv		ot Appl	icable							
Bu	siness or R	Residence A	Address (Nu				p Code)						
No	me of Asse	ociated Re	oker or Dea	ler			-						
		Jeiuteu Bi	oker or bed							· · · · · · · · · · · · · · · · · · ·			
Sta			Listed Has " or check i										Status
		All States										AII	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (I	ast name	first, if indi	vidual)						,			
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State, Z	(ip Code)			<del></del>		•	
Na	me of Ass	ociated Br	oker or Dea	aler				·					· ·
Sta	ates in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						,
٠	(Check	"All States	or check	individual	States)	••••••		•••••				☐ Al	States
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Fu	Il Name (	Last name	first, if ind	ividual)				•					
Bı	ısiness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						· · · · · · · · · · · · · · · · · · ·
N	ame of Ass	sociated B	roker or De	aler									
St	ates in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						·
51	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)							ll States					
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	antiady exchanged.	Ag	gregate		Amo	unt Alre	eady
	Type of Security	Offe	ring Price			Sold	
	Debt	\$	0	\$		0_	
	Equity	\$245	5,000	\$	24	5,00	0_
	▼ Common						
	Convertible Securities (including warrants)	\$	0	\$		0	
	Partnership Interests	\$	0	\$		0	
	Other (Specify)	\$	0	\$		0	
	Total	\$ <u>245</u>	5,000	\$	_24	5,00	0_
	Answer also in Appendix, Column 3, if filing under ULOE.						
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e r N	umber vestors		Do	Aggrega llar Amo Purcha	ount
	Association of the second		vesiors 20 <b>≭</b>		e OI	40,0	
	Accredited Investors		53		<b>&gt;</b>	205,0	
	Non-accredited Investors		73		Ψ	245,0	
	Total (for filings under Rule 504 only)	·			\$	243,0	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.						
			ype of		Do	ollar An	nount
	Type of Offering		ecurity			Sold	
	Rule 505				\$	<u>0</u>	
	Regulation A				\$_	<del></del> -	
	Rule 504				\$_	0 0	
	Total				\$		
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insure The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	r.					
	Transfer Agent's Fees			]	\$		
	Printing and Engraving Costs			]	\$		
	Legal Fees		<u>X</u>	]	\$ <u>_5</u>	,000	
	Accounting Fees						
	Engineering Fees			]	\$		
	Sales Commissions (specify finders' fees separately)		[	]	\$		· · · · · · · · · · · · · · · · · · ·
	Other Expenses (identify)		_	7	\$		
	T 4.1			_	e E	000	

and total expenses furnished in r	en the aggregate offering price given in response to Part C — Questi response to Part C — Question 4.a. This difference is the "adjusted	gross	\$240,000
each of the purposes shown. I check the box to the left of the e	the adjusted gross proceed to the issuer used or proposed to be used. If the amount for any purpose is not known, furnish an estimate estimate. The total of the payments listed must equal the adjusted on in response to Part C — Question 4.b above.	e and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees			\$
Purchase of real estate		🗀 \$	
Purchase, rental or leasing and and equipment	d installation of machinery	\$	_
Construction or leasing of pla	ant buildings and facilities	🗀 \$	\$
offering that may be used in e	es (including the value of securities involved in this exchange for the assets or securities of another		□\$
		_	_
			<del>_</del> ·
		 	_ 🗆 \$
Column Totals		s <u> </u>	<u>x \$ 240,000</u>
	nn totals added)		240,000
	D. FEDERAL SIGNATURE		
signature constitutes an undertakir	ice to be signed by the undersigned duly authorized person. If this ng by the issuer to furnish to the U.S. Securities and Exchange Cossuer to any non-accredited investor pursuant to paragraph (b)(	ommission, upon writt	
Issuer (Print or Type)	Signature	Date	2002
LGC, INC.		June 23	, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Jon D. Ness	Chief Executive Office	T	_

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)